California Environmental Protection Agency Department of Toxic Substances Control



Registered Environmental Assessor II (REA II) Application

Registered Environmental Assessor Program
P.O. Box 806
Sacramento, CA 95812-0806
(916) 255-4699
www.dtsc.ca.gov/rea/

REGISTERED ENVIRONMENTAL ASSESSOR II (REA II)

APPLICATION INSTRUCTIONS

Before completing this application, please read the REA Program Law, Regulations, and Information Collection, Access and Disclosure/Privacy Statement. The Law (Health and Safety Code, § 25570.1 et seq.) and Regulations (California Code of Regulations, Title 14, Chapter 3, sections 19030 - 19043) can be accessed on our website at www.dtsc.ca.gov/rea/, or you may call our office at (916) 255-4699 to obtain copies.

This application is a public record pursuant to the California Public Records Act. In the event DTSC receives a request for inspection or copying, DTSC will comply, except that DTSC will not provide social security numbers or confidential financial records.

Provide complete responses for each item on the application. Failing to do so may significantly delay the processing of your application. The environmental assessing experience that you describe must <u>clearly</u> relate to the management of hazardous substances and/or hazardous waste. It is strongly suggested that the application be typed; if it is not typed, it <u>must</u> be neatly printed in ink. Applications that are not legible will be returned. Also, please use the Application Submittal Checklist to insure that your application package is complete.

APPLICATION PACKAGE CONTENTS

REA II Application Form, which includes:

- 1. Application
- 2. Authorization for Payment by Credit Card
- 3. Application Submittal Checklist
- 4. Information Collection, Access and Disclosure/Privacy Statement

If you are missing any items, please contact the REA Program at (916) 255-4699.

REA II Registration Requirements

The minimum requirements to be registered as an REA II are:

- A bachelors degree from an accredited college or university in a physical or biological science, engineering or related field.
- Eight years of professional-level environmental experience acquired within the last ten years.
- Four years of professional-level site mitigation experience acquired within the last six years.
- Four professional level references, one reference must be from a qualified representative of a lead agency.

REGISTE	RED ENVIRONMENT	AL ASSESSOR II (REA	II) APPLICATION
	ch a \$125 nonrefundable	application review fee (check	eptable in lieu of completing this form , money order, or credit card authorization) b line of the check.
If you are an REA I, please number:		REGISTRATION (For DTSC Use	I NUMBER: <u>REA II -</u> Only)
SECTION 1			
(Select one) Mr. N	lrs. Ms. Dr.		
Position: Company Name:			
MAILING ADDRESS: DTSC will use the addre telephone numbers will			ndence. Only the address and
Street:			
City:	State:	County:	Zip Code:
Telephone ()	ext.	Fax: ()	
E-mail Address (confide	ntial):		
Email address is for REA Pro	gram use only. It will not b	e listed in the REA registry, no	or will it be released to other parties.
Social Security Number			
number is mandatory. Your s	social security number will ordance with section 1135	be used exclusively for purp	nent. Disclosure of your social security oses of compliance with any judgment or tions Code and compliance with 8 U.S.C.
United States Citizen: (I	f no, please provide co	ppy of resident alien card	d) Yes No

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No

Have you previously applied for registration as an REA II? Yes

SECTION 2 - EDUCATION: Bachelor's or higher degree from an accredited college or university in a physical or biological science, engineering or a related field. Please indicate your qualifying degree. You may be asked to supply transcripts to enable DTSC to determine if your degree meets the statutory and regulatory requirements. (Attach additional sheet if necessary). Attach copies of applicable diplomas. If degree was earned outside the United States, attach equivalency finding.

Name of Institution	<u>Major</u>	<u>Degree</u>	<u>Year</u>	Qualifying
		<u>Received</u>	<u>Graduated</u>	Degree?
				Yes No
				Yes No
				Yes No

If your degree is not in a physical or biological science or engineering, please indicate how your degree is related to those fields of study. You may use the "Optional Statement of Qualification" to explain how your degree qualifies you for registration (see Section 9).

SECTION 3 - <u>LICENSES/CERTIFICATIONS/REGISTRATIONS:</u> State certification, licensing, registration or certification by a nationally recognized professional association in a physical or biological science, or engineering. (Attach additional sheet if necessary)

License/Certificate/Registration Name	Registration #'s	Awarding Agency	Expires (Month/Year)
			/
			/
			/

SECTION 4 - CRIMINAL RECORD

Have you ever:

Have y	you ever:		
(i)	Been disbarred, suspended, reprimanded, censured, disqualified or otherwise disciplined as a member of any profession or holder of any public office?	Yes	No
(ii)	Voluntarily surrendered a professional license or certification, or had one denied, revoked or suspended?	Yes	No
(iii)	Been subject to professional disciplinary proceedings?	Yes	No
(iv)	Been convicted of a crime, including a felony or misdemeanor involving an act of moral turpitude? (Conviction of a crime includes a plea or verdict of guilty or a conviction following a plea of nolo contendere.)	Yes	
(v)	Knowingly made a false statement regarding a material fact in connection with an application for registration?	Yes	No
(vi)	Had a civil judgment against you for professional errors, negligence, incompetence or professional malpractice in the conduct of your business?	Yes	No
(vii)	Had a civil judgment against you for an action involving fraud, deceit, misrepresentation or forgery?	Yes	No

If you answer yes to any question, explain the circumstances, <u>in detail</u>, on a separate sheet and include date, location, plea, penalties, and current status.

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SECTION 5 - AREAS OF EXPERTISE

Please check each are of REA I expertise that applies to you. If you currently do not possess registration as an REA I you must provide information describing specific experience as it relates to <u>each</u> subitem you check below.

- 00 Environmental Site Assessment (ASTM Phase I assessments)
- O1 Air Emissions Assessment, Prevention, Monitoring and Control
- 03 Emergency Preparedness and Response
- 12 Surface and Groundwater Contamination Assessment, Prevention, Monitoring and Control
- 15 Generator Waste Disposal, Recycling, Reduction, Storage, and Treatment
- 21 Occupational Health and Safety Reviews
- 23 Risk Assessment and Risk Reduction Recommendations
- 25 Soil Contamination Assessment, Prevention, Monitoring and Control
- 27 Underground Tank Checks and Removal

SECTION 6 - PROFESSIONAL-LEVEL ENVIRONMENTAL EXPERIENCE

Health and Safety Code section 25570.3(c)(2) requires that an REA II have a minimum of eight (8) years of professional-level environmental experience, acquired within the last ten (10) years, of which four (4) years shall be professional-level site mitigation experience acquired within the last 6 years.

"PROFESSIONAL-LEVEL ENVIRONMENTAL EXPERIENCE" means that all of an REA II's professional experience must be experience applying scientific or engineering principles in a physical or biological science, engineering or related field. This experience includes instances where the REA II's conclusions formed the basis for reports, studies and other similar documents. Professional-level environmental experience shall be in positions in which scientifically supportable technical decision-making, as well as professional responsibility and integrity are demonstrated with minimal supervision. (California Code of Regulations, Title 14, Chapter 3, section 19030) Also, please see the California Code of Regulations, Title 14, Chapter 3, section 19033 (e) for additional definition of "professional-level environmental experience."

In the next two subsections, please describe your experience in positions and projects, which qualify as professional-level environmental, and site mitigation experience. Please remember that your professional-level environmental experience must total to eight (8) out of the last ten (10) years, and your professional-level site mitigation experience must total to four (4) out of the last six (6) years.

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SECTION 6.a - PROFESSIONAL-LEVEL ENVIRONMENTAL EXPERIENCE POSITION DESCRIPTIONS

Please provide the following information for each position you describe (*Minimum eight [8] year's experience obtained during the last ten [10] years.*). Use a separate sheet for each position. Use the Position Summary, Section 6.b, to summarize and total your professional-level environmental experience. Answers to this section are used to evaluate your general work experience in providing and performing environmental activities.

Section 6.b)	Must correspond with position number on summary, :	Position Title:		
Position De	scription:			
Position Du	ration: (Month/Year)			
From	_/To/			
Employer N	ame			
Employer M	ailing Address (Number, Street, City, State, and Zip Cod	le)		
Supervisor	Name:	Supervisor Phone Number:		
Supervisor	value.	()		
	position less than an average of thirty (30 verage hours per week?	0) hours per week?	Yes	No
	n position described, please provide ly as possible on a separate page. R			
complete not be re	viewed.	tion 5 for descriptions):		
complete not be re		tion 5 for descriptions):		
complete not be re	viewed.	,	hat your w	ork involved.
complete not be re Area(s) of	viewed. expertise used for this position (see Sec	c and engineering fields t	-	
complete not be re Area(s) of 1.	viewed. Expertise used for this position (see Secondary Describe the environmental, scientification)	c and engineering fields t application of scientific o	or enginee	ring principles.

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SECTION 6.b - <u>PROFESSIONAL-LEVEL ENVIRONMENTAL EXPERIENCE</u> <u>POSITION SUMMARY</u>

Position Number	Position Title	Dates in Position (mm/yy to mm/yy)			Elapsed Time in Position (yrs./mos.)
1		/	to	/	/
2		/	to	/	/
3		/	to	/	/
4		/	to	/	/
5		/	to	/	/
6		/	to	/	/
7		/	to	/	/
8		/	to	/	/

Please attach separate sheets if necessary

Total Professional-Level Environmental Experience:	1
•	Years/Months

SECTION 7 - PROFESSIONAL-LEVEL - SITE MITIGATION EXPERIENCE

"PROFESSIONAL-LEVEL SITE MITIGATION EXPERIENCE" means supervisory or project management related experience obtained through managing or supervising scientific or engineering staff who are conducting multimedia investigations, assessments, and cleanup work at hazardous substance and hazardous waste sites. Such experience must be of a professional-level and indicative of an REA II's competence to conduct investigation, assessments and remedial work and/or to render opinions regarding investigation, assessments, and remedial work at response action sites. Professional-level site mitigation experience shall be in positions in which the applicant evaluated and selected scientific or technical methodologies for conducting assessments, contaminants, or removals at sites; supervised or coordinated other professionals in the conduct of scientific and technical tasks necessary to complete assessments, containments, or removals; and drew scientifically supportable technical conclusions, made recommendations, and issued opinions based on the results of assessments, containments, or removals.

(California Code of Regulations, Title 14, Chapter 3, section 19030) Also, please see the California Code of Regulations, Title 14, Chapter 3, section 19033 (f) for additional definition of "professional-level site mitigation experience."

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SECTION 7.a - PROFESSIONAL-LEVEL - SITE MITIGATION EXPERIENCE POSITION DESCRIPTION

Please provide the following information for each position you describe (*minimum four [4] years experience* acquired within the last six [6] years). Use a separate sheet for each position. Use the Position Summary, Section 7.b, to summarize and total your professional-level site mitigation experience. Answers to this section are used to evaluate your work experience in providing and performing site mitigation activities at hazardous waste and substance sites. Phase I environmental assessments, mold and lead based paint assessment and remediation are not considered site mitigation activities. *Provide separate answers for questions 1 through 5.*

	sition Number (Must correspond with position nber on summary, Section 6.b):	Position Title:
Pos	sition Description:	
	ition Duration: (Month/Year)	
	m/ To/ ployer Name	
Fm	ployer Mailing Address (Number, Street, City, State, and Zip Code	
	proyer maining Address (Number, Street, Only, State, and Zip Gode,	,
Sup	pervisor Name:	Supervisor Phone Number:
W	as the position less than an average of thirty (30)	
	Yes, average hours per week?	
Fo co	r each position described, please provide	separate answers to the following questions as esumes in lieu or answers are unacceptable and will
Fo co no	r each position described, please provide mpletely as possible on a separate page. Ret be reviewed.	separate answers to the following questions as esumes in lieu or answers are unacceptable and will stigation, assessment, containment or remediation projects
Fo co no	r each position described, please provide mpletely as possible on a separate page. Ret be reviewed. Explain your personal responsibilities during inveand how they were an integral component of this Demonstrate your personal responsibilities for	separate answers to the following questions as sumes in lieu or answers are unacceptable and will stigation, assessment, containment or remediation projects position, not an occasional or temporary activity. the evaluation and selection of scientific or technical assessments, containments and/or remediation at sites.
1f ` Fo co no 1.	r each position described, please provide mpletely as possible on a separate page. Ret to be reviewed. Explain your personal responsibilities during inveand how they were an integral component of this Demonstrate your personal responsibilities for methodologies used to conduct investigations, Describe the targeted media, methodologies selected.	separate answers to the following questions as sumes in lieu or answers are unacceptable and will stigation, assessment, containment or remediation projects position, not an occasional or temporary activity. the evaluation and selection of scientific or technical assessments, containments and/or remediation at sites.
1f `CO no 1. 2. 3.	r each position described, please provide mpletely as possible on a separate page. Ret be reviewed. Explain your personal responsibilities during inveand how they were an integral component of this Demonstrate your personal responsibilities for methodologies used to conduct investigations, Describe the targeted media, methodologies selected because your experience with regard to risk and the assessment, the type of assessment, contaminate what was the average size of teams you considered the second of the second	separate answers to the following questions as esumes in lieu or answers are unacceptable and will stigation, assessment, containment or remediation projects position, not an occasional or temporary activity. the evaluation and selection of scientific or technical assessments, containments and/or remediation at sites. cted and the basis for the selections.
1f \(\) Fo co no 1. 2. 4.	r each position described, please provide mpletely as possible on a separate page. Ret to be reviewed. Explain your personal responsibilities during inveand how they were an integral component of this Demonstrate your personal responsibilities for methodologies used to conduct investigations, Describe the targeted media, methodologies selection because your experience with regard to risk and the assessment, the type of assessment, contaminate what was the average size of teams you contain assessment, containments or remediation at site persons you supervised or coordinated. What levels of responsibility and indescribe the levels of responsibility and indescribe the type or categories of containments.	stigation, assessment, containment or remediation projects position, not an occasional or temporary activity. the evaluation and selection of scientific or technical assessments, containments and/or remediation at sites. cted and the basis for the selections. deexposure assessments including, your responsibilities for inants of concern, exposure pathways and receptors. ordinated or supervised while conducting investigations, as? Describe the positions and levels of responsibilities of rel of authority and control did you assume over their work? expendent judgment that you exercised in this position. Conclusions that you reached, the extent to which you used to employers or clients regarding actions at sites, and the

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SECTION 7.b - PROFESSIONAL-LEVEL - SITE MITIGATION EXPERIENCE POSITION SUMMARY

Please list each position you held during four (4) out of the last six (6) years, for which you are claiming professional-level site mitigation experience. List the position title, dates you held that position and total the elapsed time at the bottom. The project number corresponds to projects that are described in Section 7.c.

Position Number	Position Title	Project Number			osition nm/yy)	Elapsed Time in Position (yys./mms.)
1			/	to	/	
2			/	to	/	/
3			/	to	/	/
4			/	to	/	/
5			/	to	/	/
6			/	to	/	/
7			/	to	/	/
8			/	to	/	/

Please attach separate sheets if necessary

Total Professional-Level Environmental Experience:	1
•	Years/Months

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SECTION 7.c - <u>PROFESSIONAL-LEVEL - SITE MITIGATION EXPERIENCE</u> PROJECT DESCRIPTIONS

Please describe representative site mitigation projects in which you served in a professional-level capacity during four of the past six years while in the positions described in Section 7b. If you are currently not an REA I your responses should also illustrate work in all your areas of expertise listed in Section 5. Phase I site assessment (by itself), mold, lead based paint or asbestos abatement are <u>not</u> satisfactory examples of site mitigation experience. Sufficient projects must be included to illustrate your frequent and regular involvement in site mitigation projects during this time period. **Project lists without responses to the following questions are unacceptable and will disqualify your application.**

Project Title/Name:		Project Number (from s	ummary, Section 7.b)	
Project Description:				
Project Duration: (Month/Year)		Personal Involvement:	(Month/Year)	
From/To/			o/	
Project Client:				
Project Objective (including overall project object	active and the objective du	ring your involvement).		
Project Objective (including overall project obje	ective and the objective du	ing your involvement).		
Assessment/Investigation	Containment	Removal	Remediation	
Monitoring Other				
Did subsurface investigations occu	ar during your invol	vernent in this proj	ect? Yes No	
If yes, list the investigation method	dologies employed	on this project		

1. Project Information:

	Name	Address		Phone Number
Supervisor:				

- For each project, please provide the following information, specific to your involvement in the project. Please provide separate answers to the following questions on a separate page. Please be detailed in your responses.
 - a. Describe how you applied technical knowledge and skill in one or more of your fields of expertise to this project. Provide a listing of the area of expertise and how you applied knowledge or skill in that area. Refer to Section 5 for a list of areas of expertise.
 - b. Describe how you evaluated and applied relevant regulations to this project. List the regulations you used in determining the requirements for the project activities.
 - c. Describe the nature and extent of the environmental conditions associated with the project. Provide a list of the contaminants and contaminated media encountered.
 - d. Describe what, if any, remedial actions were taken for this project and the extent to which you were involved in the selection and implementation of these remedial actions.
 - e. Describe the extent to which you were involved in this project either as a member of a team or the supervisor or project manager.
 - f. Describe the number of professionals, technicians and contractors (if any) you supervised or directed, and their roles on this project.
- 3. For each project, please provide separate answers to the following questions on a separate page. Please be detailed in your responses. Describe the extent to which you were a principal decision maker for this project. In answering, please describe your overall role in the project, including a description of your conclusions and recommendations, and the method by, or form in which you communicated them. Please attach a copy of project communications. Communications must show the conclusions and recommendations (ie. executive summary or the conclusion and recommendation section from project report(s), letter reports, closure requests, etc.). Remove client sensitive confidential information, as needed.

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SECTION 8 – TECHNICAL WRITING SAMPLE

Provide one signed technical writing sample (e.g., risk assessment, sampling plan, remedial action plan or other similar technical document) of which you were a principal or sole author, or directed its preparation, submitted during the normal business activities on one of the project described in 7c. Do not submit more than one volume. Remove client sensitive confidential information, as needed. Include a signed signature page or transmittal letter prepared for the document which denotes your authority. This sample may be included as one of the documents submitted in response to 7c3.

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SECTION 10 - REFERENCES

Provide the full name, place of employment, address and telephone number of four references with professional-level site mitigation experience. At least <u>one</u> reference shall be from a qualified representative of a lead agency with regulatory authority over cleanup work at a hazardous waste or hazardous substance release site at which you provided professional-level site mitigation services or acted as project manager. None of these references may be related to you by birth or marriage. Nonlead agency references must be your current or past employers, clients or professional colleagues at an equal or higher level, who can attest to your technical competency, professional integrity/ethics and knowledge of environmental statutes, regulations and practices.

YOUR APPLICATION WILL NOT BE REVIEWED UNTIL ALL FOUR REFERENCES ARE RECEIVED. YOU ARE RESPONSIBLE TO PROVIDE CORRECT ADDRESSES FOR YOUR REFERENCES AND TO CONTACT THEM FOR A TIMELY RESPONSE.

Name					
Company					
Address					
City			State	Zip Code	
Telephone No. ()	ext.	Email		
Name					
Company					
Address					
City			State	Zip Code	
Telephone No. ()	ext.	Email	1	
	/	O.K.I	Linai		
Name					
Company					
Address					
City			State	Zip Code	
	\	ovt		Zip Gode	
Telephone No. ()	ext.	Email		
Name					
Company					
Address					
City			State	Zip Code	
Telephone No. () e	xt.	Email		
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SECTION 10 - ACKNOWLEDGMENT (All Applicants Must Sign Below)

Any person willfully providing false information may have his or her application denied. The applicant hereby certifies that he/she has read and understands the foregoing statement and that all information provided herein is accurate and truthful.

This application is a public record pursuant to the California Public Records Act. In the event DTSC receives a request for inspection or copying, DTSC will comply, except that DTSC will not provide social security numbers or confidential financial records.

I declare under the penalty of perjury under the laws of the State of California that the information contained in this application, as well as any other documents submitted in support of this application, is true and correct.

Applicant's Signature	Date Executed
Applicant's Printed Name and Title	Executed in the County of

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California Environmental Protection Agency Department of Toxic Substances Control Registered Environmental Assessor (REA) Program P.O. Box 806 Sacramento, CA 95812-0806

AUTHORIZATION FOR PAYMENT BY CREDIT CARD

PAYMENT FOR REA II Application Proc	CHECK APPROPRIATE BOX:			
Name (First) (M.I.) Mailing Address (Number, Street, and Apt./Suite	(Last)	Discover	Master Card 3-digit Discover ID no.: Required for Discover charges Located on the back of Disco	
(City) (State) (ZIP	Code)		/\$	Amount authorized
		Printed Cardi (First)	nolder Name (M.I.)	(Last)
Telephone number: () ext.		**Cardholder	Signature	Date

*NO REFUNDS WILL BE ISSUED FOR THE \$125 APPLICATION REVIEW FEE

Please mail the completed payment authorization form with your completed application to:

Department of Toxic Substances Control Accounting Unit – Attention Karen Poon P.O. Box 806 Sacramento, California 95812-0806

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^{**}No credit card payments may be authorized unless the cardholder's signature is present and has been dated.

REGISTERED ENVIRONMENTAL ASSESSOR II (REA II)

APPLICATION SUBMITTAL CHECKLIST

To assure efficient processing of your Registered Environmental Assessor II (REA II) application, please confirm that the following items have been completed and/or enclosed. Do not send your application unless all items are enclosed.

\$125 non-refundable application processing fee -- check or money order -- payable to DTSC/REA II, or completed Authorization for Payment by Credit Card. Please include your REA number on the memo line of the check.

Completed application form.

Copies of project communications.

Technical Writing Sample.

If you are not a United States citizen, enclose a copy of your resident alien card.

Copies of applicable diplomas.

Please mail the completed payment authorization form with your completed application to:

Department of Toxic Substances Control Accounting Unit – Attention Karen Poon P.O. Box 806 Sacramento, California 95812-0806

INFORMATION COLLECTION, ACCESS AND DISCLOSURE/PRIVACY STATEMENT

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name:

Department of Toxic Substances Control (DTSC)
Registered Environmental Assessor (REA) Program

Title Of Official Responsible For Information Maintenance:

Jennifer Gallagher, Unit Chief Registered Environmental Assessor Program

Address:

P.O. Box 806, Sacramento, California 95812-0806

Telephone Number:

(916) 255-4699

Authority That Authorizes The Maintenance Of The Information:

Section 25570.3, Chapter 6.8, Division 3, of the State Health and Safety Code.

The Consequences Of Not Providing All Or Any Part Of The Requested Information:

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

The Principal Purpose(s) For Which The Information Is To Be Used:

The information requested will be used to determine qualifications for registration, licensure, or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

Any Known Or Foreseeable Disclosures That May Be Made Of The Information:

Your completed application becomes the property of the agency and will be used by authorized personnel to determine your eligibility for registration. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.

Social Security Number Privacy Statement

Disclosure of your social security is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Individuals have the right to review their own files or records maintained by the agency, unless the records are exempt under Section 1798.40 of the Information Practices Act. You may gain access to the information by contacting the REA Program at the above address.